Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			15.5		С	
<u> </u>		IL6009831	B. WING		07/12/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SWANSE	A REHAB HEALTH C	ARE	RTH SECON A, IL 62226	D STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
S9999	Final Observations		S9999			
	Statement of License 300.610a) 300.1210b) 300.1210d)1)3) 300.1620a) 300.1620b) 300.1630)2 300.3220f) 300.3240a)	sure Violations:				
	Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the					
	medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives or services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed of the meeting				
	Nursing and Person b) The facility shall pand services to atta practicable physical well-being of the reseach resident's com- plan. Adequate and care and personal care and personal care needs of the resident to subs	provide the necessary care in or maintain the highest , mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing are shall be provided to each e total nursing and personal esident. ection (a), general nursing at a minimum, the following		Attachment A Statement of Licensure Viole	ations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 08/04/16

PRINTED: 08/25/2016 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 | Continued From page 1 S9999 seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic. intravenous and intramuscular, shall be properly administered. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record Section 300,1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. b) Telephone orders may be taken by a registered nurse, licensed practical nurse or licensed pharmacist. All such orders shall be immediately written on the resident's clinical record or a telephone order form and signed by the nurse or pharmacist taking the order. These orders shall be countersigned by the licensed prescriber within 10 calendar days. Section 300.1630 Administration of Medication

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administered the dose.

Section 300.3220 Medical Care

2) Each dose administered shall be properly recorded in the clinical record by the person who

f) All medical treatment and procedures shall be administered as ordered by a physician. All new

PRINTED: 08/25/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on interview and record review, the facility neglected to correctly administer and document the anti-coagulant medication, Warfarin as ordered by the physician, for one of two residents (R2) reviewed for the neglect in the sample of 4. This resulted in R2 receiving too much Warfarin. which caused an elevated Prothrombin Time (PT or Protime) and INR (international normalized ratio), spontaneous internal bleeding of the right lower extremity, anemia and an elevated heart rate. As a result, R2 was hospitalized and received an injection of Vitamin K and a transfusion of packed red blood cells. Findings include: 1. The facility's policy and procedure, dated 7/03/2013 and entitled, 'Medication Administration' documents, in part, "The complete act of administration entails removing an individual dose from a previously dispensed,

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properly labeled container (including a unit dose container), verifying it with the physician's orders. giving the individual dose to the proper resident, and promptly recoding the time and dose given. When preparing medication for administration, check the label of the drug container at minimum three times for safety and accuracy. Report errors in medication administration immediately per

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 policy. Report suspected adverse reaction immediately per policy." 2. The facility's policy and procedure, dated 7/01/2012 and entitled, 'Notification for Change in Resident or Status' documents, in part, "The nurse supervisor/charge nurse will notify the resident's attending physician or on call physician when there has been: A discovery of injuries of an unknown source; a significant change in the resident's physical/emotional/mental condition; a need to transfer the resident to a hospital/treatment center; abnormal lab findings. Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical/mental condition or status." 3. The Geriatric Dosage Handbook, 12th Edition, page 1646, documents, in part, "Warfarin (Coumadin) High alert medication: The Institute for Safe Medication Practices (ISMP) includes this medication among its list of drugs which have a heightened risk of causing significant patient harm when used in error. Overdose/Toxicology-Symptoms include internal or external hemorrhage and hematuria. When an overdose occurs, the drug should be immediately discontinued and vitamin K (phytonadione) may be administered, up to 25 mg IV (intravenously). When hemorrhage occurs, fresh frozen plasma transfusions can help control bleeding by replacing clotting factors." 4. The Physician's Order Sheet (POS) for 6/2016 documents diagnoses for R2, in part, as Hypoxia. Pulmonary Edema, Hypertension, Atrial Fibrillation and Coronary Artery Disease. The Physician's Order (PO) on admission, dated 6/16/2016, documents R2 was admitted with an

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order for the anti-coagulant medication of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6009831	B. WING		I	2/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SWANS	EA REHAB HEALTH O	ARE	RTH SECOND A, IL 62226	STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 4	S9999				
	Warfarin, 6 milligra Sunday and Wedne on Monday, Tuesda Saturday, R2 also I	ms (mg) by mouth daily on esday, and Warfarin 5 mg daily ay, Thursday, Friday and had a PO, dated 6/16/2016, for 81 mg daily, which also has					
	A Laboratory Report, dated 6/17/2016, documents R2 had a PT of 18.9 seconds (normal=9.2-12.6 seconds) and an INR of 1.8 (normal=0.8-1.2). There was no PO for a change in Warfarin dosage at that time from Z5 or Z9, Physician's.						
	Nurse (LPN), dated documents, "CNA (check on resident (of bluish discolorati 20 cm (centimeter) pain. PRN (as need (Z6), Nurse Practiti back. DON (E2, Dir	rom E10, Licensed Practical de 6/26/2016 at 7:00 PM, Certified Nurses Aide) went to R2) and found a large amount ion of right leg, measurements X 5 cm. Patient states she's inded) pain medication noted. oner paged and awaiting call rector of Nursing) called, word/message left to call possible."					
	8:00 PM, document get PT/INR in the A this in R2's clinical in E8, LPN, dated 6/20 documents, "Lab he	rom E10, dated 6/26/2016 at ts, "N.O. (new order) apply ice, .M." There is no written PO for record. The Nurse's Note from 6/2016 at 11:30 PM, ere to draw PT/INR. Specimen arm. Awaiting results."					
	2:00 AM, document to notify this nurse of 100 (normal=12.0-1	rom E8, dated 6/27/2016 at ts, in part, "Lab called facility of critical labs. PT results over 18.5 seconds on this report)." rom E8 documents a call was of 6/27/16 to Z5's.					

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 Physician/Medical Director, office with an urgent page requested. E8 then documents on 6/27 at 3:10 AM, Z5's office was called again related to the critical laboratory reports for R2 with no response. E8's Nurse's Note, dated 6/27/2016 at 3:26 AM, documents E2 was called and a message was left to return the call. E8 documents in the Nurses Note that at 3:36 AM, E2 called back with an order to send R2 to the local hospital. E8's Nurses Note documents Z4, Nurse Practitioner, returned the call at 3:50 AM on 6/27 and was informed of the critical PT, and agreed to send R2 to the hospital. At this time, 8 hours and 50 minutes had passed since E10 left the first urgent message at Z5's exchange about R2's new large bruise to the right leg, and 1 hour and 45 minutes since E8 called to report the critical PT results for R2. The Nurse's Note from E8 documents R2 left the facility by ambulance at 4:30 AM on 6/27/2016. The Resident Transfer Form completed by E8 on 6/27/2016 at 3:00 AM, documents R2's vital signs as BP (blood pressure) is 102/84, heart rate 86, respirations of 20, temperature of 97.3 Fahrenheit, and pulse oximeter of 97 percent. R2's Emergency Room (ER) Visit Report, dated 6/27/2016, documents R2 was seen by Z10, Physician, at 6:02 AM. The ER Report documents that R2's RBC (red blood cells) were low at 1.92 (normal is 3.9 to 5.3 million cells per microliter), a low hemoglobin of 6.5 (normal is 12.0 to 15.5 grams/deciliter), and hematocrit is 20.7 percent (normal is 34.9-44.5 percent), high platelet count of 471 (normal is 150 to 450), elevated PT of

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50.9, and INR of 5.72 and an elevated PTT (partial thromboplastin time) of 62 seconds. (normal is 25=30 seconds). The ER Report documents, in part, "Lab results comment:

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STATEMENT OF DEFICIENCIES (X1) PR

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009831	B. WING	,	07/1	2/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	0771	2/2010
SWANSE	EA REHAB HEALTH C	ARE 1405 NOR	TH SECON			
(XA) ID	SUMMADV STA	SWANSEA TEMENT OF DEFICIENCIES	A, IL 62226			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	bruising noted on e tenderness of left lo Abnormal laborator	a and dehydration. new xtremities, redness and ower leg. Clinical Impression: y test result, anticoagulated on n), dehydration, cellulitis of left				
	7/01/2016, docume local hospital on 6/2 have an elevated IN in the right lower extremities and a un Pseudomonas (a bachronic disease and loss in the hematom	charge Summary, dated nts R2 was admitted to the 27/2016 and, "Was found to IR, a rather large hematoma tremity, cellulitis of the lower rinary tract infection with acteria), anemia secondary to disecondary to acute blood na. The patient was f 2 units of packed red blood				t _o
	The facility's Medica for R2 in 6/2016 doc Warfarin on Friday a 6/18/2016 at 4:00 PW Warfarin at 4:00 PW 6/24 and 6/25/2016 mg were given and were administered to nurses that docume given on those date According to Z5's (F	ation Administration Record cuments R2 received 6 mg of and Saturday, 6/17/2016 and M, none on 6/19, 11 mg of 1 on 6/20, 6/21, 6/22, 6/23, Eight doses of Warfarin, 6 6 doses of Warfarin, 5 mg o R2, totaling 14 doses. The ented this medication was are E5, E6, and E10, LPN's. Physician) orders, R2 was to dose of Warfarin on Sunday by 6/22/2016.				
	for the facility's Pharmg of Warfarin and delivered to the facil orders for what dose given to R2. Z7 repo	0 PM, Z7, General Manager macy, reported 4 pills of 6 11 pills of 5 mg were lity on 6/17/2016, with specific e on what day were to be orted these should have 9 days. Z7 reported the				

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **B. WING** IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 7 S9999 facility failed to send any medications or empty cards back to determine what was given by the facility nurses. Z7 reported there is standard procedure for returning unused medication and a form to complete for the return. Z7 reported E2 told her the medication was sent back in a return tote, but E2 was unable to identify which nurse gave them to the pharmacy driver. Z7 identified R2's prescribing physician as (Z5). The pharmacy's Shipment Details Invoice, dated 6/17/2016, documents the medication was received and signed for by E12, LPN, on 6/17 at 12:52 PM. The Invoice documents 4 tablets of 6 mg of Warfarin and 11, 5 mg tablets of Warfarin were signed for at that time. The prescribing physician is documents as (Z5). On 7/08/2016 at 10:39 AM, Z5 reported, "I was not aware of this patient (R2)." Z5 reported he had never examined R2 since admission to the facility on 6/16/2016. Z5 reported too much Warfarin could cause bleeding or possibly death. Z5 reported he was unaware R2 received too much Warfarin or that the PT was over 100. critically high. Z5 reported he was unaware R2 was hospitalized or which one of his Nurse Practitioners (NP)sent her. Z5 stated, "There was a breakdown of communication for sure." The staff thought (R2) was a patient of (Z9's, Physician). Z5 reported that maybe his NP ordered the PT and INR. On 7/07/2016 at 12:15 PM, E10 reported that on 6/26/2016, E7, CNA, reported to him a huge bruise to R2's right leg. E10 stated. "I know it had something to do with PT and INR. I called the DON (E2) and she told me not to send (R2) out. to talk to (E1, Administrator) first. I called and

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texted (E1). I called the exchange for (Z5), (E4,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ILEGO19831

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SWANSEA REHAB HEALTH CARE

FORM APPROVED

(X3) DATE SURVEY COMPLETED

C D7/12/2016

		IL6009831	B. WING		C 07/12/2016
	PROVIDER OR SUPPLIER	ARE 1405 NOR	DRESS, CITY, S TH SECONI A, IL 62226	STATE, ZIP CODE D STREET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLETE
S9999	AM. When third shir said we can't wait ur just threw it off on (I bruise of unknown of assurance) paper a looked really fresh, asked (E2) if I shou Attorney) and she to was on call, but (Z4 when you call the (Z4 within 20 to 40 minus themselves now. I do do. My last day to	ge 8 In an order to do PT/INR in the ft nurse (E8) came in, she ntil tomorrow morning. (E2) E1). I texted (E1) about a prigin. I filled out a QA (quality bout what I saw. The bruise The lab came after I left. I lid call (Z1, R2's Power of pold me to call (E1) first. (Z6) returned the call. Usually (25) exchange, they call back lates. They are trying to cover lid everything I was supposed to work was 7/06/2016. I got fall for this. They didn't want	S9999		
	the bruise on R2's r E7 stated, "I want to The right leg wasn't touch. (R2) complai hurt. (E10) put crea pain pill. (E10) calle overheard the conve and text departmen send (R2) out (to the send (R2) out. He cand documented. In (E8) came in and (E8) told her to try to get back. (E10) schedu	ight leg and reported it to E10. It was gray-blue in color. It was hot to the ned of pain and said her legs m on her leg and gave her a d the DON (E2) and I ersation. (E10) began to email theads. (E2) told (E10) not to e hospital). He begged (E2) to ompleted an incident report did not document anything. E10) gave report to her and ahold of (Z5), who didn't call led a STAT (immediately) PT eft. E10 felt like it was din (Wafarin)."			
	not call me. Only (E bruises are getting vat all. I thought the b	0 PM, E2 stated, "(E10) did 8) called me and said the worse. I didn't speak to (E10) bruises were getting worse			

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due to the high PT and INR. There is no

PRINTED: 08/25/2016 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: _ B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET **SWANSEA REHAB HEALTH CARE** SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 investigation started because it was not a bruise of unknown origin." When asked if E10 started an investigation about R2's bruise, E2 stated, "No, there is no investigation." On 7/07/2016 at 3:00 PM, E2 was asked about the Warfarin administration for R2. E2 replied. "(Z2, Pharmacist) is counting pills returned to see if they gave both doses of 5 mg and 6 mg or if they (nurses) just signed it as given. I'm hoping they were careless in signing them as given. (E10) and (E5, LPN) are questioning about this. I don't understand why." On 7/07/2016 at 1:38 PM, E5 stated, "(E10) came and got me the day (R2) was sent out. He showed me the bruises, and I told him to call (E2) and went to work to the other end. I told him to let me know what (E2) said so I can help him send (R2) out. I came back and asked (E10) if (R2) was being sent to the hospital. He replied (E2) said not to send her out. Then the night nurse came in, (E8) and she saved the day, (E8) called the doctor and got a PT/INR STAT and then sent her to the hospital when the results came in. (R2) was alert when she left the facility. She could talk on the phone." E5 reported she signed the MAR for R2 at 4:00 PM on 6/21, 6/22 and 6/23/2016 for the administration of Warfarin 5 mg and 6 mg. E5 reported she had been disciplined by E2 for not signing the MAR, so she signs it to fill in the

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blanks.

On 7/07/2016 at 1:20 PM, Z2 reported if a

resident receives too much Warfarin their INR will be high. Z2 stated, "I just look at the INR. They would have to hold it. Warfarin can cause

bleeding. The higher the INR, the more bleeding. If INR is over 4, probably hold Warfarin." Z2 reported if R2 received too much Warfarin, this is

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by this committee, documented by written, signed

Section 300.1210 General Requirements for

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with

and dated minutes of the meeting

Nursing and Personal Care

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET **SWANSEA REHAB HEALTH CARE** SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 | Continued From page 11 S9999 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic. intravenous and intramuscular, shall be properly administered. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. b) Telephone orders may be taken by a registered nurse, licensed practical nurse or licensed pharmacist. All such orders shall be immediately written on the resident's clinical record or a telephone order form and signed by the nurse or pharmacist taking the order. These orders shall

Illinois Department of Public Health

be countersigned by the licensed prescriber

Illinois Department of Public Health

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6009831	B. WING			C /12/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SWANS	EA REHAB HEALTH C	ARE	RTH SECONE A, IL 62226	STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
S9999	within 10 calendar of Section 300.1630 A 2) Each dose admir recorded in the clinical administered the dosection 300.3220 M f) All medical treatmadministered as orophysician orders shadirector of nursing owithin 24 hours after issued to assure factorders. Section 300.3240 A a) An owner, license.	days. Idays. Ida	S9999				
	by: Based on interview failed to administer the physician, for or reviewed for medica sample of 4. This remedication error wit Warfarin, which cau Time (PT or Protime normalized ratio), spof the right lower exelevated heart rate. hospitalized and rec K and a transfusion Findings include: 1. The Physician's 6	ceived an injection of Vitamin of packed red blood cells. Order Sheet (POS) for 6/2016 es for R2, in part, as Hypoxia,					

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PRINTED: 08/25/2016

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 13 S9999 Fibrillation and Coronary Artery Disease. The Physician's Order (PO) on admission, dated 6/16/2016, documents R2 was admitted with an order for the anti-coagulant medication of Warfarin 6 milligrams (mg) by mouth daily on Sunday and Wednesday and Warfarin 5 mg daily on Monday, Tuesday, Thursday, Friday and Saturday. A Laboratory Report, dated 6/17/2016 documents R2 had a PT of 18.9 seconds (normal=9.2-12.6 seconds) and an INR of 1.8 (normal=0.8-1.2). There was no PO for a change in Warfarin dosage at that time from Z5 or Z9, Physicians. The Nurse's Note from E10, Licensed Practical Nurse (LPN) dated 6/26/2016 at 7:00 PM. documents, "CNA (Certified Nurse'sAide) went to check on resident (R2) and found a large amount of bluish discoloration of right leg, measurements 20 cm (centimeter) X 5 cm. Patient states she's in pain. PRN (as needed) pain medication noted. (Z6), Nurse Practitioner paged and awaiting call back. DON (E2, Director of Nursing) called, Administrator (E1) word/message left to call facility as soon as possible." The Nurse's Note from E10, dated 6/26/2016 at 8:00 PM, documents, "N.O. (new order) apply ice, aet PT/INR in the AM." There is no written PO for this in R2's clinical record. The Nurses Note from E8, LPN, dated 6/26/2016 at 11:30 PM, documents, "Lab here to draw PT/INR. Specimen taken from left forearm. Awaiting results." The Nurse's Note from E8, dated 6/27/2016 at 2:00 AM, documents, in part, "Lab called facility

to notify this nurse of critical labs. PT results over 100 (normal=12.0-18.5 seconds on this report)." The Nurse's Note from E8 documents a call was

PRINTED: 08/25/2016 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET **SWANSEA REHAB HEALTH CARE** SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 14 S9999 placed at 2:05 AM of 6/27/16 to Z5's office with an urgent page requested. E8 then documents on 6/27 at 3:10 AM, Z5's office was called again related to the critical laboratory reports for R2 with no response. E8's Nurses Note, dated 6/27/2016 at 3:26 AM, documents E2 was called and a message was left to return the call. E8 documents in the Nurse's Note that at 3:36 AM. E2 called back with an order to send R2 to the local hospital. E8's Nurses Note documents Z4. Nurse Practitioner returned the call at 3:50 AM on 6/27 and was informed of the critical PT, and agreed to send R2 to the hospital. At this time, 8 hours and 50 minutes had passed since E10 left the first urgent message at Z5's exchange about R2's new large bruise to the right leg, and 1 hour and 45 minutes since E8 called to report the critical PT results for R2. The Nurse's Note from E8 documents R2 left the facility by ambulance at 4:30 AM on 6/27/2016. The Resident Transfer Form completed by E8 on 6/27/2016 at 3:00 AM, documents R2's vital signs as BP (blood pressure) is 102/84, heart rate 86, respirations of 20, temperature of 97.3 Fahrenheit, and pulse oximeter of 97 percent. R2's Emergency Room (ER) Visit Report, dated 6/27/2016, documents R2 was seen by Z10. Physician at 6:02 AM. The ER Report documents

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that R2's RBC (red blood cells) were low at 1.92 (normal is 3.9 to 5.3 million cells per microliter), a low hemoglobin of 6.5 (normal is 12.0 to 15.5 grams/deciliter), and hematocrit is 20.7 percent (normal is 34.9-44.5 percent), high platelet count of 471 (normal is 150 to 450), elevated PT of 50.9, and INR of 5.72 and an elevated PTT (partial thromboplastin time) of 62 seconds. (normal is 25=30 seconds). The ER Report documents, in part, "Lab results comment:

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According to Z5's (Physician) orders, R2 was to only receive a 6 mg dose of Warfarin on Sunday

On 7/08/2016 at 1:40 PM, Z7, General Manager for the facility's Pharmacy, reported 4 pills of 6 mg of Warfarin and 11 pills of 5 mg were

delivered to the facility on 6/17/2016, with specific orders for what dose on what day were to be given to R2. Z7 reported these should have lasted 2 weeks, not 9 days, Z7 reported the

6/19 and Wednesday 6/22/2016.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6009831

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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NAME OF I	PROVIDER OR SUPPLIER STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
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OWANSE	A REHAB HEALTH CARE	EA, IL 62226			
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S9999	Continued From page 16	S9999			
	facility failed to send any medications or empty cards back to determine what was given by the facility nurses. Z7 reported there is standard procedure for returning unused medication and a form to complete for the return. Z7 reported E2 told her the medication was sent back in a return tote, but E2 was unable to identify which nurse gave them to the pharmacy driver. Z7 identified R2's prescribing physician as (Z5).				
	The pharmacy's Shipment Details Invoice, dated 6/17/2016, documents the medication was received and signed for by E12, LPN on 6/17 at 12:52 PM. The Invoice documents 4 tablets of 6 mg of Warfarin and 11, 5 mg tablets of Warfarin were signed for at that time. The prescribing physician is documented as (Z5).				
	On 7/08/2016 at 10:39 AM, Z5 reported, "I was not aware of this patient (R2)". Z5 reported he had never examined R2 since admission to the facility on 6/16/2016. Z5 reported too much Warfarin could cause bleeding or possibly death. Z5 reported he was unaware R2 received too much Warfarin or that the PT was over 100, critically high. Z5 reported he was unaware R2 was hospitalized or which one of his Nurse Practitioners (NP)sent her. Z5 stated, "There was a breakdown of communication for sure. The staff thought (R2) was a patient of (Z9's, Physician). Z5 reported that maybe his NP ordered the PT and INR.				
	On 7/07/2016 at 12:15 PM, E10 reported that on 6/26/2016, E7, CNA reported to him a huge bruise to R2's right leg. E10 stated, "I know it had something to do with PT and INR. I called the DON (E2) and she told me not to send (R2) out, to talk to (E1, Administrator) first. I called and texted (E1). I called the exchange for (Z5). (E4, ment of Public Health				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. Bollowo,			
		IL6009831	B. WING		C 07/12/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	100	
SWANSE	EA REHAB HEALTH C	AKE	TH SECON A, IL 62226	D STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	2
S9999	NP) called back wit AM. When third shir said we can't wait ur just threw it off on (I bruise of unknown of assurance) paper a looked really fresh, asked (E2) if I shou Attorney) and she to was on call, but (Z4 when you call the (Z4 within 20 to 40 minut themselves now. I could be used to do. My last day to fired. I'm taking the you to talk to me."	h an order to do PT/INR in the ft nurse (E8) came in, she ntil tomorrow morning. (E2) E1). I texted (E1) about a origin. I filled out a QA (quality bout what I saw. The bruise The lab came after I left. I ld call (Z1, R2's Power of old me to call (E1) first. (Z6)) returned the call. Usually 25) exchange, they call back utes. They are trying to cover lid everything I was supposed o work was 7/06/2016. I got fall for this. They didn't want	S9999			
	the bruise on R2's r E7 stated, "I want to The right leg wasn't touch. (R2) complain hurt. (E10) put creat pain pill. (E10) called overheard the converted that the converted thas the converted that the converted that the converted that the c	0 PM, E2 stated, "(E10) did 8) called me and said the vorse. I didn't speak to (E10) bruises were getting worse				

PRINTED: 08/25/2016 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: C B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 18 S9999 investigation started because it was not a bruise of unknown origin." When asked if E10 started an investigation about R2's bruise, E2 stated. "No. there is no investigation." On 7/07/2016 at 3:00 PM, E2 was asked about the Warfarin administration for R2. E2 replied, "(Z2, Pharmacist) is counting pills returned to see if they gave both doses of 5 mg and 6 mg or if they (nurses) just signed it as given. I'm hoping they were careless in signing them as given. (E10) and (E5, LPN) are questioning about this. I don't understand why." On 7/07/2016 at 1:38 PM, E5 stated, "(E10) came and got me the day (R2) was sent out. He showed me the bruises, and I told him to call (E2) and went to work to the other end. I told him to let me know what (E2) said so I can help him send (R2) out. I came back and asked (E10) if (R2) was being sent to the hospital. He replied (E2) said not to send her out. Then the night nurse came in, (E8) and she saved the day. (E8) called the doctor and got a PT/INR STAT and then sent her to the hospital when the results came in. (R2) was alert when she left the facility. She could talk on the phone." E5 reported she signed the MAR for R2 at 4:00 PM on 6/21, 6/22 and 6/23/2016 for the administration of Warfarin 5 mg and 6 mg. E5 reported she had been disciplined by E2 for not signing the MAR, so she signs it to fill in the blanks. On 7/07/2016 at 1:20 PM, Z2 reported if a resident receives too much Warfarin their INR will

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be high. Z2 stated, "I just look at the INR. They would have to hold it. Warfarin can cause

bleeding. The higher the INR, the more bleeding. If INR is over 4, probably hold Warfarin." Z2 reported if R2 received too much Warfarin, this is Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6009831	B. WING		C 07/12/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
SWANSE	EA REHAB HEALTH C	AKE	TH SECON A, IL 62226	D STREET		
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S9999	Continued From pa	ge 19	S9999			
	a significant medica	ation error.				
	part, "Anticoagulant bleeding. (R2) will r Notify MD (medical excessive bleeding. per MD orders." The facility's policy 7/03/2013 and entit Administration" doc complete act of adman individual dose f. properly labeled cor container), verifying giving the individual and promptly recodi. When preparing mecheck the label of the three times for safe in medication admir	uments, in part, "The ninistration entails removing rom a previously dispensed, ntainer (including a unit dose it with the physician's orders, dose to the proper resident, ing the time and dose given. Edication for administration, ne drug container at minimum ty and accuracy. Report errors histration immediately per				
	immediately per pol	ected adverse reaction icy."				
	7/01/2012 and entitl Resident or Status" nurse supervisor/ch resident's attending when there has bee unknown source; a resident's physical/e need to transfer the hospital/treatment of Except in medical e be made within 24 h the resident's medic	enter; abnormal lab findings. mergencies, notifications will nours of a change occurring in cal/mental condition or status."				
	The Geriatric Dosag	e Handbook, 12th Edition,			0	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED B. WING IL6009831 07/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 20 S9999 page 1646, documents, in part, "Warfarin (Coumadin) High alert medication: The Institute for Safe Medication Practices (ISMP) includes this medication among its list of drugs which have a heightened risk of causing significant patient harm when used in error. Overdose/Toxicology-Symptoms include internal or external hemorrhage and hematuria. When an overdose occurs, the drug should be immediately discontinued and vitamin K (phytonadione) may be administered, up to 25 mg IV (intravenously). When hemorrhage occurs, fresh frozen plasma transfusions can help control bleeding by replacing clotting factors." (A)

Illinois Department of Public Health STATE FORM

IMPOSED PLAN OF CORRECTION

Facility Name: Swansea Rehab Health Care

Survey Date: July 12, 2016

Survey: Complaint 1643589/IL86582

Violation: A

Administrative Code:

Section 300.610 Resident Care Policies

300.610a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

300.1210b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

- 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.
- Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.1620 Compliance with Licensed Prescriber's Orders

300.1620a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by

Attachment B Imposed Plan of Correction

the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.

300.1620b) Telephone orders may be taken by a registered nurse, licensed practical nurse or licensed pharmacist. All such orders shall be immediately written on the resident's clinical record or a telephone order form and signed by the nurse or pharmacist taking the order. These orders shall be countersigned by the licensed prescriber within 10 calendar days.

Section 300.1630 Administration of Medication

2) Each dose administered shall be properly recorded in the clinical record-by the person who administered the dose

Section 300.3220 Medical Care

f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident

This will be accomplished by:

- The Director of Nursing or designee will provide education to the facility staff on medical
 policies and procedures related to medication administration, transcription of physician orders,
 documentation and prompt reporting of errors identified.
- Under the direction of the Director of Nursing or designee a plan will be implemented to
 monitor to assure compliance with policies and procedures related to medication
 administration, documentation and reporting errors.
- 3. The Administrator will provide oversight for continued compliance

Completion date: Ten days from receipt of the Notice for the Imposed Plan of Correction

August 26, 2016/ JP